



GMI Insurance

Auto Rental Application

GENERAL INFORMATION

Named Insured: _____

DBA: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Website: _____

Contact Name: _____ Title: _____

Cell Phone Number: _____ Email Address: _____

Business Is: Individual Partnership Corporation LLC Other _____

FEIN: _____ Year Current Business Established: _____

Name(s) of principal(s)

Full Name	Title	Years with Firm	% Ownership	Active?

Has any principal ever been affiliated with any other auto/truck rental company? Yes No

If yes, explain in detail _____

List All Locations

#	Location Address	City	State	Zip
1				
2				
3				

Do you plan to open any additional locations within the next 12 months? Yes No

Are there any business operations other than rental at these locations? Yes No

If yes, explain in detail _____

Year to Date Gross Receipts: \$ _____

Projected Gross Receipts next 12 months: \$ _____

Projected Units: _____

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PRIOR COVERAGE INFORMATION

Liability

Current Carrier _____ Current Rate \$ _____

Effective Date _____ Expiration Date _____

Current Limit \$ _____ (owner) \$ _____ (renter)

Current Limit Requested \$ _____

Has applicant ever had a liability deductible? Yes No

If yes, when was deductible in place and how much was the deductible? \$ _____

Physical Damage

Current Carrier _____ Current Rate \$ _____

Current Deductibles Comprehensive \$ _____ Collision \$ _____

If requesting physical damage, do you have any security measures in place to prevent theft? Yes No

If yes, please explain _____

Uninsured/Underinsured Motorists

Do you currently reject Uninsured/Underinsured Motorist Coverage when allowed by law? Yes No

Personal Injury Protection

Do you currently reject PIP coverage when allowed by law? Yes No

Previous Loss Experience (3 full years prior to current coverage shown above)

Policy Period	Premium	Losses	Carrier

Besides your Auto Rental Fleet insurance, do you have any other automobile or garage coverage? Yes No

Type of Coverage	Insurance Company	Policy Number	Policy Period	Seek Quote?

Has your commercial rental insurance ever been cancelled or non-renewed for any reason? Yes No

If yes, please explain _____

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COUNTER PROCEDURES AND RENTER QUALIFICATIONS

Types of Rentals (enter as % please):

Business	%	Pleasure	%	Insurance	%
Corporate Accounts	%	Military	%	Other	%

Do you have an age limitation? Yes No If yes, minimum / maximum _____

Please explain renter qualification procedure _____

Are additional renters qualified the same as the primary renter? Yes No

Do you have a rank limitation for military renters? Yes No

If yes, what is the minimum rank required? _____

What are the qualifications for foreign renters? _____

Do you require an International Driver License on foreign drivers? Yes No

What percentage (%) of rentals is: Cash _____% Credit _____%

What are the qualifications for cash rentals? _____

What credit cards are acceptable? _____

Do you rent to someone using another's credit card? Yes No

Do you compare signatures at the counter? Yes No

Do you ask the purpose of each rental? Yes No

Do you ask where your vehicles are traveling? Yes No

Do you allow your vehicles to leave your state? Yes No

If yes, what percentage of your vehicles leave the state? _____%

Is renter's driving record questioned at the counter? Yes No

Is MVR screening system used at counter? Yes No

Is renters insurance verified at counter? Yes No

What percentage of your renters are uninsured? _____%

Do you verify phone and address at counter? Yes No

Do you verify employment at the counter? Yes No

Do you rent for more than 30 days? Yes No

If yes, describe procedures and qualifications for 30 day rentals _____

Do you allow after hours drop offs? Yes No

If yes, please describe drop off procedures _____

Do you currently use auto rental software? Yes No

If yes, what system do you use? _____

If no, would you like information on auto rental software? Yes No

If you do not use software, are your rental contracts numbered? Yes No

Does the Applicant knowingly rent to individuals or companies that will be operating the rental vehicle for use in a ride sharing or transportation network operation, such as but not limited to, Uber, Uber X or Lyft? Yes No

Do you rent your vehicles using a Ride Share Platform? Yes No

If yes, with who? _____

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FLEET INFORMATION

Fleet Profile (Please enter the number of each rental unit in the appropriate field below)

Private Passenger		Mini-Vans		Service Vehicles	
Exotic/ High Value*		15 Pass Vans		Trucks	
Cargo Vans		Pick-Ups		Shuttles	

**Exotic Cars: Aston Martin, Bentley, Ferrari, Lamborghini, Lotus, Maserati, Porsche, Rolls-Royce regardless of price or horsepower.*

Do you have any rental vehicles now or in the future with any wheelchair accessible or other medical equipment?

Yes No If yes, please explain _____

Do you hold any vehicles that are to be insured but not available for rent? Yes No

If yes, please list and explain _____

Describe Maintenance Procedures _____

Are maintenance records kept for each vehicle? Yes No

Who performs the maintenance and repairs on your vehicles? _____

Do you check insurance information on all your Vendors? Yes No

Do you perform a walk-around prior to and after rental? Yes No

Do you have procedures in place to secure your fleet from impending natural disasters?

Yes No Details _____

Do you have procedures in place to remove recalled vehicles from the fleet? Yes No

EMPLOYEE INFORMATION

Are employees allowed personal use of vehicles? Yes No

If yes, do you execute a rental agreement for after-hours travel? Yes No

Do you check MVRs prior to hiring new employees? Yes No

What controls, if any, are in place to monitor driver safety? _____

Does your company have a formal drug-testing program? Yes No

Is there a counter-worker Rental training program? Yes No

Please describe training procedures _____

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ADDITIONAL COVERAGES / COUNTER PRODUCTS

(Some coverages may not be available in your state)

Do you offer Supplemental Liability Insurance? Yes No
 Current Carrier _____ Current SLI Rate _____

What % of your rentals include SLI? _____ Average # of SLI rental days per month _____

Have you ever had any SLI losses? Yes No

If yes, explain _____

Do you offer Collision Damage Waiver (CDW)? Yes No

If yes, what percentage of your rentals include CDW? _____ %

If yes, what percentage of your CDW rentals is Cash Rentals? _____ %

Do you offer Personal Accident/Effects Coverage? Yes No

Current Carrier _____ Current PAI Rate _____

What % of your rentals includes PAI? _____ Average # of PAI rental days per month _____

Have you ever had any PAI losses? Yes No

If yes, explain _____

Does your state require a limited license? Yes No

Are you currently licensed? Yes No

If requesting a quote for SLI or PAI/PEI, attach a copy of your current state license where required.

Are you interested in Roadside Assistance Coverage? Yes No

Are you interested in Cyber Liability Coverage? Yes No

If yes, please answer the following:

Gross Revenue for Last Fully Completed Year _____ and Projected Year _____

Approximate number of Personally Identifiable Information records stored? _____

Is your data encrypted? Yes No

Do you have a plan to avoid business interruption? Yes No

In the past 3 years, have you had any cyber related claims? Yes No

REFERENCES

BANK			
Name	Contact	Account Number	Phone
VENDOR			
Name	Contact	Account Number	Phone

Have you ever declared bankruptcy? Yes No

If yes, please explain) _____

MARKETING

Are you a member of any Industry Association(s)? Yes No

If yes, which Association(s)? _____

Which social media platforms do you have a presence on?

Facebook Instagram LinkedIn Twitter Other: _____

Who are you competing with (locally) for car rental clients? _____

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge that all statements are true and no material facts have been suppressed or misstated. The Undersigned is also aware that the operation may be inspected by the insurance company, In addition, I authorize any prior insurance carrier to release underwriting and claim information to GMI for the purpose of qualifying the Applicant for the coverage requested.

Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. Coverage will commence only upon the effective date of a separate contract binding insurance coverage issued by an agent authorized by the company.

In the state of Illinois, the Religious Freedom Protection and Civil Union Act became effective June 1, 2011. Our policies of insurance comply with this Act, which provides that two persons of the same or opposite sex who form a civil union are entitled to the same benefits and protections provided to spouses.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE AC, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES).IN NEW YORK, THE COVAL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AI, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI, AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY 9OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY.PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND COVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TOA SETTLEMENT OR AWARD PAYABLE FROM THE INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURED FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TOBE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENTTHEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIALINSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSEOF MISLEADING, INFORMATION CONCERNING ANY FACT THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH THE INTECT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE OCOMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STSTEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW YORK:ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FO INSURANCE OR STTEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Principal's Signature

Date _____

Agent's Signature

Date _____